

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:

Date of SBE approval of grant criteria 7/24/03

2005 - 2006 Title II Teacher Quality Statewide Activities
(years) (title)

☒ Initial ☐ Amendment ☐ Continuation
(type)

Legislation Authorizing this Grant Program:

☒ Federal Grant CFDA Number 84.367A

☐ State Grant

☐ Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

To support statewide activities for high priority schools and to provide all teachers with Grade Level Content Expectations.

☐ Competitive
☐ Formula

☒ Other

State Activities Grant to Best Source
(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

Policies

☐ Other

☐ Integrating Communities and Schools

☐ Bullying

☐ Elevating Educational Leadership

☐ Character Education

☐ Embracing the Information Age

☐ Creating Effective Learning Environments

☐ Ensuring Early Childhood Literacy

☐ Family Involvement

☒ Ensuring Excellent Educators

☐ Safe Schools

(specify)

4. Grant Categories (if not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Teachers and principals with the emphasis on high priority schools.

6. Total Funds Awarded:

Total Award: \$200,000

7. Eligible Applicants:

An applicant with a history of coordinating activities for the high priority schools.

8. Description of Priorities Given to Any Specific Population or Location: ☒ NOT APPLICABLE

9. Grant Administration:

Office
School Improvement

Unit
Director's Office

Contact
Yvonne Camaal Canul

Phone
(517)241-3147

RECEIVED

DEC 12 2005

CHIEF ACADEMIC OFFICER

12125 1492

10. OFFICE	Office Director Approval Signature: <u></u> Phone: _____ Comments: _____	Date: <u>12-8-05</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u></u> Comments: _____	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u></u> Comments: <u>Exhibits B and C not required.</u>	Date: <u>12/8/05</u>
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>12-15-05</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>12-19-05</u>

INSTRUCTIONS:

- A.** Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B.** Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C.** Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D.** Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

**2004-2005 Title II Teacher Quality Statewide Activities
Funding for FY 2006**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
St. Clair Intermediate School District	\$200,000	\$200,000